

**Stakeholders' Meeting**  
**Date:** March 14, 2003  
**Location:** 3101 Chouteau Ave.

Review of 2/28/03 Minutes

**Correction to minutes:** #5 under Waitlists – Waitlist that would be all inclusive

**Review of 2/28/03 Workgroup recommendations to Indicators:**

1. Equity Funding for the East District
2. Service Coordination
3. Waitlists

**Recommendations to quantify/measure outcomes for Indicator:**

**1. Equity Funding for the East District:**

- DMH report on funding distribution per capita - % of consumers in community & residential placement by region, by county & Hab Ctr. & ISL status per district.
- DMH reporting on funding cuts

**Comments:**

- Provider vacancies need to be sent to Janet Portell
- Janet Portell is working with I.T. to design a placement waitlist data tracking system.
- SLRC's waitlist data tracking system design will be used statewide
- Roommate needs will be considered vacancies
- **Need identified:** Expansion in provider services/vacancies
- Transition Manual (Let's Get Moving) developed by Judy Wanko will be finalized & distributed to staff & vendors
- Any provider feedback to Transition Manual should go to Judy Wanko
- Judy Wanko will provide training on the Transition Manual approx 4/2003

**Recommendations to quantify/measure outcomes for Indicator:**

**2. Service Coordination**

- Consumer Satisfaction Surveys – SLRC contracts with UMKC
- Results of 2002 survey SLRC conducted will be shared with Stakeholders  
FYI: MOAIDD did an independent survey on residential services

**Comments:**

- Important to have funding separate/independent from casemanagement structure
- Look at other Service Coordination systems for SLRC to adapt
- District report on caseload size for comparison
- **Recommendation:** Include 3 hours or less in caseload size report (3 hours or less doesn't always mean a consumer does not want services, but could mean inadequate services)
- Equity funding is needed to address caseload sizes
- Move model to be consumer & family driven

**Recommendation to quantify/measure outcomes for Indicator:****3. Waitlists**

- Formation of MAT – Wendy Buehler, Kent Stalder, & Richard Strecker will serve on MAT

**Comments:**

- Consumer driven waitlist
- Service needs not being totally met could become emergency situations.
- **Concern:** Needs being missed & not put on service waitlist
- **Need:** CM training

**HIPAA & communication between Regional Center & providers:**

- A universal Release of Information form has been developed that will allow information to be shared between Regional Center & providers
- 11:00 a.m. 3/14 Conf. Call will be held to discuss HIPAA/sharing of information State-wide

**Distributed & Reviewed for comment:****Draft 3/2003 Guidelines for State Operated Residential Services**

- Guidelines will not be specific to the East District & used for all Hab Ctr. & Regional Centers
- Transition team will review placements on a continual basis to prevent barriers/obstacles
- Directors will meet if placement barriers/obstacles occur
- Controversy over whether it is cost effective to serve someone in the community instead of a Hab Ctr.
- UR reviews will be used as guidelines
- Kent Stalder & the group that developed UR will reconvene after 1 year of implementation to look for modification – Provider input is welcome
- Transition Manual will train staff on the need to have active conversations with clients on where they want to live (Informed choice)
- Waitlists for Hab Ctr. clients & clients in the community should be a combined list

**Corrections to draft:**

# 4 & # 8 under Proposed Guidelines should state admissions instead of referrals.

**Proposal:** Privatization of State ISL's & issues to consider

1. Cost effectiveness for a provider to run instead of state
2. Possible loss of experienced Direct Care Staff with privatization
3. Comparison of benefit packages for Direct Care Staff is a factor
4. Direct Care Staff do often elect to stay with their employment as they want to work with the same clients

**How to make fair/equitable referrals to providers:**

- **Factors to consider:** Client's choice, what DMH can afford, & what the provider can provide
- **Anne's suggestion (one possible method):** Given the geographic area where services are available, send referrals to providers on a rotating basis. (When a provider declines a referral, the next provider on the rotation will be sent the referral).
- **Provider recommendation:** Accountability on why Service Coordinators make referrals to specific providers
- **Recommendation:** On quarterly basis have a night forum where family & consumers can meet & talk to providers & share information on application procedures

**Next Meeting:** Friday, March 28<sup>th</sup> at 10:00 a.m. – 3101 Chouteau Ave.

Respectfully submitted by Teresa Demis